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APPLICANTS

Gary D. Childres, Midlothian, TX;

Stuart D. Dwork, Dallas, TX;

** CONTINUING DATA *****

None *Time*

** FOREIGN APPLICATIONS *****

None *Time*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 10	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS <i>[Initials]</i>		

ADDRESS

Stuart D. Dwork
Jenkins & Gilchrist, P.C.
3200 Fountain Place
1445 Ross Avenue
Dallas, TX
75202-2799

TITLE

Retractable terrace canopy

FILING FEE RECEIVED 583	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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